# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 01, 2001 8:00 am**
**Secretary of State**
02-01-2001 90193 038 ***150.00

DOCUMENT # H49896

1. Entity Name
FLORIDA CYPRESS GARDENS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2641 S LAKE SUMMIT DR.<br>CYPRESS GARDENS FL 33884 | P.O. BOX 1<br>CYPRESS GARDENS FL 33884 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2515569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MANN, JOHN L<br>105 S FLORIDA AVE.<br>LAKELAND FL 33801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>REYNOLDS, WILLIAMS<br>50 SKIDMORE RD<br>WINTER HAVEN FL 33884 | ☐ Delete | VD<br>Sharon Creedon<br>25 Vagabond Lane<br>Winter Haven, FL 33881 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>KEHOE, ROBERT J<br>716 LOGAN LANE<br>WINTER HAVEN FL 33880 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BROCK, DENNIS<br>P.O. BOX 72 N/A<br>CYPRESS GARDENS FL 33884 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LABUDA, GLENN<br>3440 LAKEVIEW DR., S.E.<br>WINTER HAVEN FL 33884 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TRUPIANO, THOMAS<br>2107 JONATHAN LANE<br>WINTER HAVEN FL 33884 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** J. Robert Kehoe J. Robert Kehoe, Jr. Jan 22, 01 863-324-2111 Ext 228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #